

KANSAS LEGAL SERVICES

712 S Kansas Avenue, Suite 201
Topeka Kansas 66603
Telephone (785) 354-8531
Fax (785) 233-2096
email kistoepka@klsinc.org

W Thomas Stratton, Jr
Managing Attorney

March 17, 2004

Michael J. Coffman
Coffman & Gilliland
112 E 7th
PO Box 250
Lyndon, KS 66451-0250

COPY

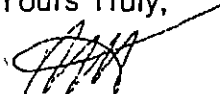
RE. Juston Kleiner
OS 03 JC 07

Dear Mr. Coffman,

My client obtained the enclosed medical records, and I am providing you and the other parties with copies

Would your clients be willing to stipulate that Juston has been diagnosed with bronchiolitis and RAD (restrictive airway disease), and that exposure to cigarette smoke is harmful to his health?

Yours Truly,



Michael J. Helvey
Staff Attorney

CC: Gary Foiles
James Campbell
Bryan Hastert
Brenda Kelley
Roger McDaniel
Sherry Alexandër

01781

MONTGOMERY



Roger L. McCollister • Chief Executive Officer
712 S Kansas Avenue Suite 200 Topeka Kansas 66603 • (785) 233-2088 FAX (785) 354 8311



PEDIATRIC ASSOCIATES
Pediatric and Adolescent Medicine
3500 SW 6th Street
Topeka Kansas
66606

Dennis M. Cooley, M.D., F.A.A.P.
David J. Nichols, D.O., F.A.A.P.
Greggory J. Van Sickle, M.D., F.A.A.P.

Tara Pridgett, M.D., F.A.A.P.
Rendi Kersting, ARNP
✓ Shelley Lane, ARNP

Instructions for.

Date 2-26-04

Justin Kleener

Weight _____

3-10-03 (R) otitis media (om)

Height _____

3-25-03 Bronchiolitis

Head Circ _____

4-11-03 Bronchiolitis
improved

BP _____

5-28-03 (L) om

7-28-03 RAD (Reactive Airway Disease)

8-27-03 (L) om

9-16-03 Bronchiolitis

12-4-03 (L) om

12-19-03 (L) om

2-12-04 Bronchiolitis / RAD ? r/t smoke exposure?

2-19-04 (B) om

FORM B

11/02/03 100 (Rev 1) 8/00

01782

CLINICAL NOTES

DATE

Patient's Name Justin Kline

Acct. #

2-26-04

I spoke w/ Dr. Cooley, he said it was Ok to write down dates & diagnosis on a piece of paper & have the foster parent pick it up. I notified Becky & she said she'd come pick it up. 5 Lane Ave. —

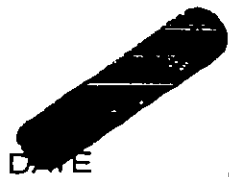
CLINICAL NOTES

DATE	Patient's Name	Acct #
	Re: nabi	DR. 3 4 5 18 24 26
DATE <u>2-25-4</u>	TIME <u>225</u>	PHONE <u>291-7932</u>
CALLER <u>Becky Bodane</u>	AGE	
PATIENT <u>Justin Klain</u>	TEMP	
PHARM	ALLER	
<p>Saw Stelly x 2. Grand parents smoking Grand. Stelly was trying to get visits & Grandparents. Needs letter from Stelly to help in this. Said Stelly agreed to write letter about risks/smoking going to court. Please call mom when letter is done or still pick it up. Thanks! :-)</p>		
REV 12/03	FORM 18	
2-26-04	<p>I called to speak w/ mom (foster) Brooklyn but her phone (foster) had told dad I was not afraid to speak on the ill effects of smoke on children & ear infections or RAO, when Grandma was with him at the last F/M visit, but I had not been specifically asked to write a letter for court. I told the foster mom I will send H.O.'s to her to provide to the attorney that are published recognized info on the ill effects of smoking on children. I sent Bahr-Schmidt pg 55 from 2nd Ed 'Instructions for Pediatric Patients' on Passive (Involuntary) Smoking, pg 65 Bronchitis & the Pamphlet from the AAP on 'Environmental Tobacco Smoke: a Danger to Children!'</p> <p>(Foster) mom requested that I write down the illnesses for her to provide to the court. I told her w/ regard to HIPAA privacy rules, she will need to contact our office manager Steve Blitt or Sam Carles re. potentially copying records or the medical chart for that use.</p> <p>Sherry Law ARNP</p>	

01784

Kleiner, Quoten

DR. 3 4 6 18 24 25



DATE 21341 TIME 1059 PHONE 291-7932
CALLER ROCKY BODINE WT 18m AGE 18m
PATIENT WOTIN KULIN TEMP
PHARM ALLER

Spends 1/2 of the wk. w/ g-parents, other 1/2 w/ foster parents. Billy (foster-mom) suspects they smoke. (asc-worked) needs letter to g-parents stating he needs to stay inside & not in a smoking environment. Saw Shelley on 3-12-04. WCB on 2-11, when Shelley is here.

REV 12/03

FORM 18

FEB 19 2004

CHIEF COMPLAINT

Rev

here is foster dad & biological mom

AGE

HPI

minimal coughing, 0 fever, eating fine, eating/sleeping well

ORN or long

red bumps on groin

MEDICATIONS Xanax BID ALLER Motrin

EXAM TEMP WEIGHT HT HC BP

☒ ALERT ☒ NO DISTRESS
NORM ABN

EYES ☒
EARS ☒
NOSE ☒
THROAT ☒
NECK ☒
CHEST ☒
HEART ☒
ABDOMEN ☒
GU ☒
EXT ☒
SKIN ☒
NEURO ☒

* Th's red & tender OLR

lung CTA

* pick purple all over, swollen & grainy on penis

025 at 98%

IMPRESSION Bom; Diaper candidiasis

PLAN MEDICATIONS Onix 125/15 Cont p QO x 10d Cont p NAC
RETURN DAYS repeating II cream BID x 7d 15 min NAC
CALL BACK IF 1) NOT BETTER DAYS 2) WORSENING
OTHER

Enc signed & addressed
Low Form 7B

Shelly Law AMP

Disc effect of smoke on RAD & risk of peritonitis

01785

DATE HPI Co cough, green nasal drainage, matted eyes, temp 101.2d up last noc.

last dose 0600
MEDICATIONS Tylenol, Robitussin
EXAM TEMP 99.2/Ar WEIGHT 22.12lb HT HC BP

ALLER Motrin
ALERT NO DISTRESS
EYES EARS NOSE THROAT NECK CHEST HEART ABDOMEN GU EXT SKIN NEURO
conjunction red bilat & matting of lashes
@ tm red full 3 LR
nasal mucosa boggy
pharynx red

IMPRESSION. conjunctivitis / ROM / pharyngitis
PLAN MEDICATIONS Rx Octoflox 1 gtt to affected eye
RETURN DAYS 2-4 x 2 then
CALL BACK IF 1) NOT BETTER DAYS. 2) WORSENING 2 QID x 5d
OTHER Rx Omnicef 125/5 3cc p.o. BID Form 7B

12 2004 here 2 Foster mom
CHIEF COMPLAINT cough AGE 16.12

HPI wheezing last noc when got him from grandparents (they smoke around him) & he smelled like smoke - not sure how long been coughing & wheezing but since got him back last noc, at, @ home, poor sleep last noc

MEDICATIONS Little Colds ALLER Motrin
EXAM TEMP 97.7/Ar WEIGHT 23.9 HT HC BP

ALERT NO DISTRESS
EYES EARS NOSE THROAT NECK CHEST HEART ABDOMEN GU EXT SKIN NEURO
clear nasal discharge
crackles
high expiratory wheezes bilaterally R 40 not labored
p tx retraction, but no retractions or crackles
RR 36 not labored
O2 sat 96%
O2 sat 96% by pulse ox prior to exam

IMPRESSION Bronchitis / RADIATION exposure??

PLAN MEDICATIONS Xopenex 0.63mg/3ml nebs Q4 prn #4B RXI - turn on
RETURN 7 DAYS
CALL BACK IF 1) NOT BETTER DAYS (2) WORSENING
OTHER
H. on
Discharge - send him back get tag
Shoreline
used by Foster mom not
at grandparents home
Form 7B
mom request no more for
lung bc worried about his health

Justin Kleiner

OCT 11 2003

CHIEF COMPLAINT

Ch rash grow area

AGE 4y

HPI

onset yest

2 on face noticed today

Other @ [unclear] @VID

(+) [unclear] at [unclear]

MEDICATIONS

ALLER

nothing

EXAM

TEMP

WEIGHT

HT

HC

BP

☒ ALERT

☒ NO DISTRESS

NORM ABN

EYES

EARS

NOSE

THROAT

NECK

CHEST

HEART

ABDOMEN

GU

EXT

SKIN

NEURO

① chest 2 single pink 1mm papules

* grain but pink papules [unclear] & papules [unclear] in inguinal area

IMPRESSION

Disseminated

PLAN

MEDICATIONS

Myxology II cream bid x 7-10d 15gm [unclear]

RETURN

DAYS

CALL BACK IF

① NOT BETTER 3-5 DAYS, ② WORSENING

OTHER

Sherry L. [unclear]

Form 7B

DEC 04 2003

Age 13 1/2 mo 1 yep K3H

WT - 21.5

HT - 31"

HC - 18 1/4"

HPI Co runny nose, cough, cong for a while -- can't get rid of s/s. Onset x 3-4 wks ago. Poling et pulling 2 ears x 2d. et restless sleeping.

MEDICATIONS Pediacare

ALLER Motrin

EXAM. TEMP 98.1/ax WEIGHT 20.1 lb. HT HC BP

☒ ALERT ☒ NO DISTRESS

NORM ABN

EYES ☒
EARS ☒
NOSE ☒
THROAT ☒
NECK ☒
CHEST ☒
HEART ☒
ABDOMEN ☒
GU ☒
EXT ☒
SKIN ☒
NEURO ☒

① Tm red foil
nasal mucosa boggy

IMPRESSION

Dom

PLAN MEDICATIONS

RETURN DAYS

CALL BACK IF ① NOT BETTER 1-2 DAYS ② WORSENING

OTHER

Rx Amox 250/5 6 acc p.o.
810/10d.

Form 7B

Resting Amox

RENDI KERSTING, ARNP SEP 16 2003

CHIEF COMPLAINT

ER Flu

AGE 13 mo.

HPI

SVER - Sat. p noon. Doing better

It had been around smoke @ Grandpa's & came home wheezing

MEDICATIONS Otrivin, Xopenex

ALLER N/A

EXAM TEMP WEIGHT 20 HT HC BP

☒ ALERT ☒ NO DISTRESS

NORM ABN

EYES ☒
EARS ☒
NOSE ☒
THROAT ☒
NECK ☒
CHEST ☒
HEART ☒
ABDOMEN ☒
GU ☒
EXT ☒
SKIN ☒
NEURO ☒

pharynx pink
wheezing or retraction

IMPRESSION

Bronchiolitis

PLAN MEDICATIONS

RETURN DAYS

CALL BACK IF 1) NOT BETTER DAYS 2) WORSENING

OTHER

Cont med. as Rx'd

Handout 2c, 2nd hand
Smoke given

Resting Amox

LA Rosalt

DATE 7-30-03 TIME 10:10 PHONE 291-7932 DR. 3 4 (17)
CALLER Becky Barline WT AGE
PATIENT Justin Kline TEMP
PHARM FRI ALLER
STORM

nothing on urine drug screen
called lab they will hand carry now
call mom if we get report

⊖ pls call Mum

REV 3/99

FORM 16

DATE 8-20-03 TIME 10:50 PHONE 291-7932 DR. 3 4 (17)
CALLER Becky WT AGE 11mo.
PATIENT Justin Kline TEMP 101.8
PHARM ALLER lowgrade
if has it

40 cold ~~xx~~ onset 2 wks

coughing

sleeping ok. appetite ok
meds - (medicare)

offered appt - will wait if
xx cont to persist
to call back for appt

REV 3/99

FORM 16

01789

Kleiner, Justin

RENDI KERSTING, MD MAY 28 2003

CHIEF COMPLAINT Sick AGE 9 1/2 mo.

HPI Co @ eye watery et mattery - onset yest. "Not himself"
Temp ↑ yest. @ sleeping.

(last dose 1100)

MEDICATIONS Tylenol, Kopex

ALLER Motrin

EXAM TEMP 100 3/4 WEIGHT 18'6oz. HT HC BP

☒ ALERT ☒ NO DISTRESS

NORM ABN

EYES ☒
EARS ☒
NOSE ☒
THROAT ☒
NECK ☒
CHEST ☒
HEART ☒
ABDOMEN ☒
GU ☒
EXT ☒
SKIN ☒
NEURO ☒

@ conjunctiva pink, watery
@ TM red doll & dk
@ TM doll

pharynx red tonsils 2+/4+
@ wheezes

IMPRESSION @ conjunctivitis / @ OM / pharyngitis

PLAN MEDICATIONS Rx Amoxicillin 250/5 i t s p.p.o. b.i.d x 10 d
RETURN DAYS
CALL BACK IF 1) NOT BETTER DAYS. 2) WORSENING
OTHER

Form 7B

Justin Kleiner

DATE 7-3-03 TIME 247 PHONE 291-7932 DR. 3-7932

CALLER Becky WT AGE 11m.

PATIENT Justin Kleiner TEMP

PHARM ALLER

x 3 d. on Hfl low grade temp up to 100.9
cough, loose stools - no blood, watery
well, acts OK.

tx symp cool per.

REV 3/99

FORM 16

Justin Kleiner

LOT

DR. 3 4 17

DATE 4-28-03 TIME 9:20 PHONE

DATE

CALLER _____ WT _____ AGE _____

PATIENT Becky Boden TEMP _____

PHARM _____ ALLER _____

W/ 21st Fairlawn

Ch 4212 - needs a form to
continue Alim & Fe.
Ch spits up Eng & Fe
Plu wld

Unkeds still on Xopone x 31 mg
th val bld.

REV 3/99

19 4/28/03 deep + box pu-refect
x 6 months

DATE 5-2-3 TIME 12:20 PHONE 291-7932 DR. 3 4 17

CALLER Becky Boden WT _____ AGE _____

PATIENT Justin Kleiner TEMP _____

PHARM _____ ALLER _____

AR

picked up sick vom
went, nothing mixed, too weak
when he needs similar;
mom states will just circle
vomiting? diarrhea w/ dk.
th bc circle

REV 3/99

LMTC
12:30P
12:40P
FORM 16/17

DATE 5-22-03 TIME 2:44 PHONE 291-7932 DR. 3 4 17

CALLER Becky WT _____ AGE _____

PATIENT Justin Kleiner TEMP _____

PHARM Refill - w/ 21st ALLER _____

Xopone bid x/mo
Doing good

How long to keep up?
Can he stop?

Try qd x 1 wk

Refill Xopone x 1 21mg

REV 3/99

FORM 16

01792

Kleiner, Justin

CLINICAL NOTES

PHONE CALL

DATE

FOR Dr. Evans DATE 4.13.03 TIME 7:55 AM PM
M. Bicky Bodera
OF Kleiner, Justin 8-9-02
PHONE ☐ FAX ☐ MOBILE 228-9962
MESSAGE Meds. Xopenex
No matted pink eyes, crying
green matted. WG 21st Fairburn
Polytron gts Ka 4/14/03
SIGNED SK

cc: #

DATE 4.14.3 TIME 9:40 DR. 3 4 (17)
CALLER Becky WT AGE
PATIENT Justin Kleiner TEMP
PHARM ALLER

No matted eyes matted at night
and eye dts
Call if d help
Wardens

REV 3/99

FORM 16

DATE 4.17.3 TIME 10:32 DR. 3 4 (17)
CALLER Becky WT AGE 8mo
PATIENT Justin Kleiner TEMP
PHARM WG 21st Fairburn ALLER

still coughing - only doing
it at night
will run out of Xopenex today
0.31mg drop to box, can refill Xopenex
only @ night rebill Ka 4/17/03
Xopenex

REV 3/99

FORM 16

Becky wants to apologize for last week

01793

DATE 3-27-3 TIME 423 PHONE 228-9962 DR. 3 4 (17)
 CALLER Seeking WT 7mo AGE 7mo
 PATIENT Justin Kleny TEMP 108
 PHARM PTL still 98-100 AP ALLER _____
fever (100) - Breathing
Better 2 treatments
Did go to Day Care today
Tylenol pm. If still fever
call in AM & Eve
will call 2 pm.
 REV 3/99 KQ 2/29/03 FORM 16

DATE 4-7-3 TIME 228 PHONE 2317535 DR. 3 4 (17)
 CALLER Jeff Godina WT _____ AGE _____
 PATIENT Trenton Bond TEMP _____
 PHARM Justin Kleny ALLER _____
Trenton - @ church, not. Unit's ~~there~~ went
to EMR - @ and dermatoid
Justin
21st Fairlane
1 refill Xanax 0.31 bid - tid
Depo i box - i refill
 REV 3/99 KQ 4/17/03 FORM 16

APR 11 2003

Smear KBH
wt = 15# 14g HT 27 1/2" HC: 17 1/2"
WCC
See Lab sheet Kleny

MAR 25 2003

CHIEF COMPLAINT

cough, congestion, wheezing
x 10 month
Severe aff + on

AGE

7 mos

HPI

MEDICATIONS

tylenol

ALLER

Atmotrin

EXAM

TEMP

101.9 R

WEIGHT

HT

HC

BP

☐ ALERT ☐ NO DISTRESS

NORM ABN

EYES

EARS

NOSE

THROAT

NECK

CHEST

HEART

ABDOMEN

GU

EXT

SKIN

NEURO

bronchitic cough RR 38
wheezing
Ptxc Xopenex more clear
shu cough

IMPRESSION

Bronchitis

PLAN

MEDICATIONS

RETURN

CALL BACK IF

OTHER

Xopenex 0.31 tid

DAYS

1) NOT BETTER

2) WORSENING

discussed @ length

2) WORSENING

Kiana

line

DATE

3/25/03

TIME

9:00p

PHONE

DR.

3

4

called in

CALLER

UG

WT

AGE

PATIENT

Justin K. Kinner

TEMP

PHARM

ALLER

pharm tech - out of .31 Xopenex
call UG at 0900. Will get
tomorrow. Advised send more here
for samples for knee

Open mom 1 box .31 mg/3ml
Xopenex. Mom pka

REV 3/99

pc 3/26/03

FORM 13

01795

RECEIVED MAR 11 2003

CHIEF COMPLAINT

Cough

AGE 7 mo.

DATE

HPI No cold S/S x 1 wk. fussy. loose stools x 4d.

Temp ↑. Up during the noc last noc - wouldn't take bottle.

MEDICATIONS

Tylenol

ALLER NKDA

EXAM: TEMP

99.4

WEIGHT

16.8 lb.

HT

HC

BP

☒ ALERT ☒ NO DISTRESS

NORM ABN

EYES

EARS

NOSE

THROAT

NECK

CHEST

HEART

ABDOMEN

GU

EXT

SKIN

NEURO

☒☒☒☒☒☒☒☒☒☒☒☒@ TM red, full, 5 LR
pharynx red

IMPRESSION

Rom / pharyngitis

PLAN MEDICATIONS

RETURN _____ DAYS.

CALL BACK IF

1) NOT BETTER

DAYS. 2) WORSENING

OTHER

Rx Amox. 250/5 i + 20 p.c B.D
x 10 d.

Form 7B

X Justin Kleiner

DATE

3-11-03

TIME

204

PHONE

228-9962

CALLER

Becky Boline

WT

AGE

7 mo

PATIENT

Justin Kleiner

TEMP

PHARM

ALLER

No diarrhea meet 5 deep
several a dayrec formula by appearance
+ bananas in fruit
urinating ok - call per,

REV 3/99

FORM 18

CLINICAL NOTES

DATE	Patient's Name	Acct #
FEB 20 2003	6mo ✓ KBH	
	WT: 15# 202	HT: 25 1/2" Ht: 17"
	WLL	
	See Vup sheet Kneaus	
2-20-03	Day care form filed out	
	will plh. E Brooke W	

DATE	3-3-3	TIME	8:42	PHONE	DR. 3-9962 (17)
CALLER	Betty	WT		AGE	
PATIENT	Turner Bony	TEMP			
PHARM	Justin Klier	ALLER			

6mo Justin - No cold cough congested, nasal
 Afebrile - eating fine
 4yr am
 Cke pm

REV 3/99

FORM 15 4/03

01797

Well Child Check-Up Twelve Month

EPSDT KBH Screen	Date DEC 04 2003																				
Patient's Name Justin Kleiner	Age: 13 ^{1/2} mo DOB: 8-9-02																				
Systems Review. Check () if normal Nutrition: whole milk - cup - bottle once table foods at noon before bed Sleep (✓) HEENT (✓) Resp (✓) CV (✓) GI (✓) GU (✓) MS (✓) Skin (✓)	Problems and Concerns. yellow RN two AM + xl cough - was sick 4-5 days prior Meds - ✓ thru noon sleeps 10° in crib																				
Interval Medical No Changes ()	Family Medical History No Changes ()																				
Exam Check () if normal Ht. 31" Wt 21.5 HC 18 1/4 See growth sheet Eyes (✓) Normal Hirschberg Ears (✓) DTM red, dull - Nose (✓) thickened Mouth/throat (✓) yellow nasal discharge Neck (✓) Chest (✓) Heart (✓) Abdomen (✓) jump corn Ext./Hips (✓) GU (✓) Neuro (✓) Skin (✓) capillary hemangioma resolving (D) upper thigh = sign of rickets	Parental Education/ Anticipatory Guidance Weaning (✓) Appetite slump (✓) TIPPS () Teeth care (✓) Other (✓) get off bottle by 15 months! Screening Tests <table border="1"> <thead> <tr> <th>Test</th> <th>NL</th> <th>ABN</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>PDQ</td> <td>(✓)</td> <td>()</td> <td>PDQ ok</td> </tr> <tr> <td>Vision (Exam)</td> <td>(✓)</td> <td>()</td> <td>141 age</td> </tr> <tr> <td>HDS</td> <td>(✓)</td> <td>()</td> <td></td> </tr> <tr> <td>Lead questionnaire</td> <td>(✓)</td> <td>()</td> <td></td> </tr> </tbody> </table>	Test	NL	ABN	Results	PDQ	(✓)	()	PDQ ok	Vision (Exam)	(✓)	()	141 age	HDS	(✓)	()		Lead questionnaire	(✓)	()	
Test	NL	ABN	Results																		
PDQ	(✓)	()	PDQ ok																		
Vision (Exam)	(✓)	()	141 age																		
HDS	(✓)	()																			
Lead questionnaire	(✓)	()																			
Assessment ① WCC ② (D) OM ③ Area ④ Capillary hemangioma	Recommendations Return Visit 2 months Nutrition Milk (✓) Table foods (✓) Sweetened drink avoidance (✓) Labs Pb level (✓) Hemogram																				
Medications Amox 250/125 1 1/2 tsp po BID x 10 d 150 ml water Other Mung. Vanilla Comox JFC																					

Foster Mom

EPSDT		Well Child Checkup	
KBH Screen	()	Nine Month	NR - not required
Patients Name <u>Justin Kainer</u>		Age <u>10 mos</u> Date <u>9-28-03</u>	
Systems Review Check () if normal		Problems and Concerns	
Nutrition		had urine drugscreen - Mem used when baby there results (P) - walking, smiling - sleep d/o sin w visiting c Mem (bio) - breathing fine (4x now)	
General			
HEENT	(+)		
Resp	(+)		
CV	(+)		
GI	(+)		
GU	(+)		
MS	(+)		
Skin	(+)		
Interval Medical History no changes		()	
family History Changes no changes		() - occ emesis not digested food only sometimes	
Exam Check () if normal		Parental Education	
Ht <u>28"</u>	Wt. <u>17# 6/20y</u>	- Sudden fear of heights Table foods - No popcorn, hotdogs, milk Carseats Finger foods	
H C. <u>18"</u>			
Eyes	(+)	Screening Tests	
Ears	(+)	PDQ (+)	
Nose	(+)	Vision (+)	
Mouth/throat	(+)	Hearing (+)	
Neck	(+)		
Chest	(+) clear		
Heart	(+)		
Abdomen	(+)		
Ext /Hips	(+)		
GU	(+) red rash		
Neuro	(+) capillary homeing, 1/2 leg		
Skin	(+)		
Assessment <u>Well baby</u> <u>RAD</u>			
Recommendations		Anticipatory Guidance	
Return Visit <u>3m</u>	Next Checkup <u>6m</u>	Sleep (+)	
Nutrition <u>cont current</u>		TIPPs ()	
Medications <u>Nystatin</u>		Growth and development ()	
Labs	H/H (KBH if not at 6 mo)	Diaper rash (+)	
Other	<u>DTAP</u> <u>IPV</u> <u>VFC</u> <u>Prevnar</u>	<u>Kearns</u>	

01799

EPSDT KBH Screen <input checked="" type="checkbox"/>		Well Child Checkup Nine Month		NR - not required	
Patients Name		Kleiner, Justin		Age 8mo Date APR 11 2003	
Systems Review Check () if normal		Problems and Concerns			
Nutrition pretty good - doesn't want baby food		Still = lots of cough (in Leptone) daycare - RSV			
General HEENT <input checked="" type="checkbox"/> Resp <input checked="" type="checkbox"/> CV <input checked="" type="checkbox"/> GI <input checked="" type="checkbox"/> GU <input checked="" type="checkbox"/> MS <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/>		- sleeping ok # crawling well pulling to stand			
Interval Medical History		no changes		()	
Family History Changes		no changes		()	
Exam Check () if normal		Parental Education			
Ht 27 1/2" Wt 15#4 1/2 H.C 17 1/2"		Table foods — No popcorn, hotdogs, milk Car seats — Finger foods —			
Eyes <input checked="" type="checkbox"/> Ears <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> congested Mouth/throat <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Chest <input checked="" type="checkbox"/> crackles wheeze Heart <input checked="" type="checkbox"/> RR 32 unlabored Abdomen <input checked="" type="checkbox"/> Ext./Hips <input checked="" type="checkbox"/> GU <input checked="" type="checkbox"/> Neuro <input checked="" type="checkbox"/> cap hemangioma Skin <input checked="" type="checkbox"/> cap hemangioma (R leg)		Screening Tests PDQ <input checked="" type="checkbox"/> Vision <input checked="" type="checkbox"/> Hearing <input checked="" type="checkbox"/> φ concerns			
Assessment		Well baby Bronchiolitis - improved ? Day allergy? No smoking around baby			
Recommendations		Anticipatory Guidance			
Return Visit <u>pm</u> Next Checkup <u>8mo</u>		Sleep <input checked="" type="checkbox"/> TIPPs <input checked="" type="checkbox"/> Growth and development <input checked="" type="checkbox"/> Diaper rash ()			
Nutrition Cont current		K Evans			
Medications Cont bt's - 1 to tid/gid					
Labs H/H (KBH if not at 6 mo)					
Other 4mo shots VFE May need allergy testing					

01800

EPSDT KBH Screen <input checked="" type="checkbox"/>		Well Child Checkup Six Month		(Taylor)	
Patients Name <u>Kleiner, Justin</u>		Age <u>6 mos</u> Date <u>FEB 13 2003</u>			
Systems Review Check () if normal		Problems and Concerns			
Nutrition Breast <input checked="" type="checkbox"/> Bottle <input checked="" type="checkbox"/> <u>well</u> Solids <input checked="" type="checkbox"/>		<u>Diarrhea</u> <u>Foster at - meth, abuse,</u> <u>Mom - 2 kids gone</u> } <u>ok</u> <u>Dad - 1 gone</u> <u>signs of abuse</u> <u>neglect</u> <u>chatty</u> <u>hearing? SRS E</u>			
General HEENT <input checked="" type="checkbox"/> Resp <input checked="" type="checkbox"/> CV <input checked="" type="checkbox"/> GI <input checked="" type="checkbox"/> GU <input checked="" type="checkbox"/> MS <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/>		Interval Medical History no changes () Family History Changes no changes ()			
Exam Ht <u>25 1/2"</u> HC <u>17"</u>		Parental Education Poisonings <input checked="" type="checkbox"/> No popcorn, peanuts, etc <input checked="" type="checkbox"/> Separation anxiety <input checked="" type="checkbox"/> Cup <input checked="" type="checkbox"/>			
Eyes <input checked="" type="checkbox"/> Ears <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth/throat <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Chest <input checked="" type="checkbox"/> Heart <input checked="" type="checkbox"/> Abdomen <input checked="" type="checkbox"/> Ext /Hips <input checked="" type="checkbox"/> GU <input checked="" type="checkbox"/> Neuro <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/>		Screening Tests PDQ <input checked="" type="checkbox"/> Vision <input checked="" type="checkbox"/> Hearing <input checked="" type="checkbox"/>			
Assessment <u>well child</u> <u>capillary hemangioma</u>		<u>may need hearing screen</u> <u>Need state screens</u>			
Recommendations Return Visit <u>pm</u> Nutrition <u>Solids</u> Medications Labs Immunizations <u>DTaP</u> <u>Hib</u> <u>Hep B</u> <u>IPV</u> <u>Prevnar</u> Other <u>Poison control stickers</u> <u>Syrup of Ipecac</u>		Anticipatory Guidance TIPPs <input checked="" type="checkbox"/> Sleep () Teething <input checked="" type="checkbox"/> Diaper rash () Growth and development () <u>K. Givens</u>			

01801

DEFINITION

- Wheezing a high-pitched whistling sound produced during breathing out
- Rapid breathing with a rate of over 40 breaths/minute
- Tight breathing (your child has to push the air out)
- Coughing, often with very sticky mucus
- Onset of lung symptoms often preceded by fever and a runny nose
- Lots of sticky nasal mucus is a problem
- An average age of 6 months, always less than 2 years
- Symptoms similar to asthma
- This diagnosis must be confirmed by a physician

Cause

The wheezing is caused by a narrowing of the smallest airways in the lung (bronchioles). This narrowing results from inflammation (swelling) caused by any of a number of viruses, usually the respiratory syncytial virus (RSV). RSV occurs in epidemics almost every winter. Whereas infants with RSV develop bronchiolitis, children over 2 years of age and adults just develop cold symptoms. This virus is found in nasal secretions of infected individuals. It is spread by sneezing or coughing at a range of less than 6 feet or by hand-to-nose or hand-to-eye contact. People do not develop permanent immunity to the virus.

Expected Course

Wheezing and tight breathing (difficulty breathing out) become worse for 2 or 3 days and then begin to improve. Overall, the wheezing lasts approximately 7 days and the cough about 14 days. The most common complication of bronchiolitis is an ear infection occurring in some 20% of infants. Bacterial pneumonia is an uncommon complication. Only 1% or 2% of children with bronchiolitis are hospitalized because they need oxygen or intravenous fluids. In the long run, approximately 30% of the children who develop bronchiolitis go on to develop asthma. Recurrences of wheezing (asthma) occur mainly in children who come from families where close relatives have asthma. Asthma is very treatable with current medications.

HOME TREATMENT FOR BRONCHIOLITIS

Medicines. Some children with bronchiolitis respond to asthma medicines, others do not.

Your child's medicine is _____

Give _____

every _____ hours

Continue the medicine until your child's wheezing is gone for 24 hours. In addition, your child can be given acetaminophen every 4 to 6 hours if the fever is over 102°F (39°C).

Warm Fluids for Coughing Spasms. Coughing spasms are often caused by sticky secretions in the back of the throat. Warm liquids usually relax the airway and loosen the secretions. Offer warm lemonade, warm apple juice or warm herbal tea if your child is over 4 months old. In addition, breathing warm moist air helps to loosen the sticky mucus that may be choking your child. You can provide warm mist by placing a warm wet washcloth loosely over your child's nose and mouth, or you can fill a humidifier with warm water and have your child breathe in the warm mist it produces. Avoid steam vaporizers because they can cause burns.

Humidity. Dry air tends to make coughs worse. Use a humidifier in your child's bedroom. The new ultrasonic humidifiers not only have the advantage of quietness, but also kill molds and most bacteria that might be in the water.

Nasal Washes for a Blocked Nose. If the nose is blocked up, your child will not be able to drink from a bottle or nurse. Most stuffy noses are blocked by dry or sticky mucus. Suction alone cannot remove dry secretions. Warm tap water or saline nose drops (nasal washes) are better than any medicine you can buy for loosening up mucus. Place three drops of warm water or saline in each nostril. After about 1 minute, use a soft rubber suction bulb to suck it out. You can repeat this procedure several times until your child's breathing through the nose becomes quiet and easy.

Feedings. Encourage your child to drink adequate fluids. Eating is often tiring, so offer your child formula or breast milk in smaller amounts at more frequent intervals. If your child vomits during a coughing spasm, feed the child again.

No Smoking. Tobacco smoke aggravates coughing. The incidence of wheezing increases greatly in children who have an RSV infection *and* are exposed to passive smoking. Don't let anyone smoke around your child. In fact, try not to let anybody smoke inside your home.



CALL OUR OFFICE

IMMEDIATELY if

- Breathing becomes labored or difficult.
- Breathing becomes faster than 60 breaths/minute (when your child is not crying)
- Your child starts acting very sick

Within 24 hours if

- There is any suggestion of an earache
- A fever lasts more than 3 days
- You have other questions or concerns

Nonsmoking children who live in homes with smokers are involuntarily exposed to cigarette smoke. The smoke comes from two sources—secondhand smoke and side-stream smoke. Secondhand smoke is exhaled by the smoker. Side-stream smoke rises off the end of a burning cigarette and accounts for most of the smoke in a room. Side-stream smoke contains two or three times more harmful chemicals than secondhand smoke because it does not pass through the cigarette filter. At worst, a child in a very smoky room for 1 hour with several smokers inhales as many bad chemicals as he or she would by smoking 10 or more cigarettes. In general, children of smoking mothers absorb more smoke into their bodies than children of smoking fathers because they spend more time with their mothers. Children who are breast-fed by a smoking mother are at the greatest risk because chemicals are found in the breast milk as well as the surrounding air.

HARMFUL EFFECTS OF PASSIVE SMOKING ON CHILDREN

Children who live in a house where someone smokes have an increased rate of all respiratory infections. Their symptoms are also more severe and last longer than those of children who live in a smoke-free home. The impact of passive smoke is worse during the first 5 years of life when children spend most of their time with their parents. The more smokers there are in a household and the more they smoke, the more severe a child's symptoms. Passive smoking is especially hazardous to children who have asthma. Exposure to smoke causes more severe asthma attacks, more emergency room visits, and increased admissions to the hospital. These children are also less likely to outgrow their asthma. The following conditions are worsened by passive smoking.

- Pneumonia
- Coughs or bronchitis
- Croup or laryngitis
- Wheezing or bronchiolitis
- Asthma attacks
- Influenza
- Ear infections
- Middle ear fluid and blockage
- Colds or upper respiratory infections
- Sinus infections
- Sore throats
- Eye irritation
- Crib deaths (SIDS)

- Elevated blood cholesterol level
- School absenteeism for all of the above

HOW TO PROTECT YOUR CHILD FROM PASSIVE SMOKING

- 1 **Give up active smoking.** Sign up for a stop-smoking class or program. Giving up smoking is even more urgent if you are pregnant because your unborn baby has twice the risk for prematurity and newborn complications if you smoke during pregnancy. It is also important to avoid smoking if you are breast-feeding because smoke-related, harmful chemicals get into your breast milk. You can stop smoking if you get help. If you need some self-help reading materials, call your local American Lung Association or American Cancer Society office. The Surgeon General would like us to become a smoke-free society by the year 2000. For more information call the National Cancer Institute on their toll-free line 1-800-4-CANCER. If you want your child not to smoke, set a good example.
- 2 **Never smoke inside your home.** Some parents find it difficult to give up smoking, but all parents can change their smoking habits. Restrict your smoking to times you are away from home. If you have to smoke when you are home, smoke only in your garage or on the porch. If these options are not available to you, designate a smoking room within your home. Keep the door to this room closed, and periodically open the window to let fresh air into the room. Wear a special overshirt in this room to protect your underlying clothing from collecting the smoke. Never allow your child inside this room, and don't smoke in other parts of the house. Apply the same rule to visitors.
- 3 **Never smoke while holding your child.** If your smoking habit cannot be controlled to the degree mentioned above, at a minimum protect your child from smoking when you are close to him or her. This precaution will reduce the child's exposure to smoke and protect him or her from cigarette burns. Never smoke in a car when your child is a passenger. Never smoke when you are feeding or bathing him or her. Never smoke in your child's bedroom. Even doing this much will help your child to some degree.
- 4 **Avoid leaving your child with a caretaker who smokes.** Inquire about smoking when you are looking for day care centers or babysitters. If your child has asthma, this safeguard is crucial.

P Name: TAYLOR, BABY BOY DOB 08/09/02 RMBD#/LOC NSY NSY-57 STORMONT VAIL HEALTHCARE
A Address 301 SW ASH Age 0D Admit Dt/Tm: 08/09/02 2210 1500 SW 10TH STREET
T City/St/Zip LINDEN KS 66451 Sex M Dis Dt/Tm TOPEKA, KANSAS 66604
I Cnty Cd: OSAGE SS# Race 1 Adm Type 4 Adm Source 1
E Home Phone (785)828-3811 MS S Trans: MRN 515542 Patient # 7-11820-1
N Employer Phone Ext Clerk AMP Prior Visit Date
T Employer Place
Occupation: CHILDO Denom: NON-DENOMINAT- Place
Employer Address Type
City/St/Zip Infectious
Adv Directive Info Rev Type S
Patient Class

disch 8/11/02 1415

G Name TAYLOR, BONNIE Employer Admitting Dr- 839 ENGELKEN, MICHAEL K
U Relation PARENT SS#: 447-80-2712 Emp Phone: Consult #1 Dr
A Address 301 SW ASH Emp Address Consult #2 Dr
R City/St/Zip LINDEN KS 66451 Emp CSZ Consult #3 Dr
Home Phone (785)828-3811 DOB 02/13/80 Quar Occupation HOMEWORKER Pri Care Physician 839 ENGELKEN, MICHAEL K
Attending Dr: 839 ENGELKEN, MICHAEL K

INS#1 00 - 104001 SELF-PAY	Crdhldr-	TAYLOR, BONNIE ID#-	Group#:
I Submit To Plan Addr		City/St/Zip	
INS#2 -	Crdhldr-	ID#-	Group#:
N Submit To Plan Addr		City/St/Zip	
INS#3 -	Crdhldr-	ID#-	Group#:
S Submit To: Plan Addr		City/St/Zip	

ADMIT DIAGNOSIS NEWBORN

DRG

Insured Relation- NAT CHILD-FIN RESP ,
Condition code
Value Code
Occurrence codes

PRINCIPAL (That diagnosis, after study, which has
DIAGNOSIS been found to necessitate admission)

RFMC Precert
CODES:

Secondary Diagnosis/
Complications:

Procedures
And Dates

Condition
On Discharge

Consulting Signature Of
Physician Attending Physician

TAYLOR, BABY BOY
08/09/02 2210
7-11820-1 515542
ENGELKEN, MICHAEL X
08/09/02 00 M

Stormont-Vail HealthCare

NEWBORN PHYSICAL EXAM AND PROGRESS

Admission Exam Date 8/10/02

Discharge Exam Date 8/11/02

Exam: Code: 0 - Normal X - Abnormal (describe objectively)

Ponderal Index _____

General Appearance	0
Skin <u>sec</u>	0
Head, Neck	0
Eyes <u>clin. comp</u>	0
E.N.T.	0
Thorax	0
Lungs	0
Heart	0
Abdomen	0
Genitals	0
Trunk & Spine	0
Extremities	0
Neurologic Reflexes	0
Anus	0
Other Abnormalities	0

M.D. Signature: [Signature]

M.D. Signature: [Signature]

Progress Notes:

8-11-02 Clin. done at 1:1 home p
ring block & complications.
Normal exam. ? home tomorrow
[Signature]

Signature: _____

PRINTED BY: N/A

DATE

8/21/02

PRINTED BY: SL111

DATE

2/17/03

01325

TAYLOR, BABY BOY
08/09/02 2210
7-11820-1 515542
ENGELKEN, MICHAEL K
08/09/02 OD M

Stormont-Vail Health Care

NEWBORN PHYSICAL EXAM AND PROGRESS

Admission Exam Date 8/10/02

Discharge Exam Date _____

Exam: Code: 0 - Normal X - Abnormal (describe objectively)

Ponderal Index _____

General Appearance _____

Skin Sec

Head, Neck _____

Eyes Clin. comp

E.N.T. _____

Thorax _____

Lungs _____

Heart _____

Abdomen _____

Genitals _____

Trunk & Spine _____

Extremities _____

Neurologic Reflexes _____

Anus _____

Other Abnormalities _____

M.D. Signature: M Engelken

M.D. Signature: _____

Progress Notes:

8-11-02 Clin. done at 1:1 Gomes p
ring block & complications.
Normal exam. ? home tomorrow
M Engelken

Signature: _____

TAYLOR, JUSTIN J
MRN 515542 BN 7118201
Room: DISCH BD- 08/09/2002
Physician: ENGELKEN, MICHAEL
Admit Date: 08/09/2002
STORMONT-VAIL
Regional Health Center
NOTE

I

Note Type: NEWBORN ADM PHYSICAL EXAM
 Note Time: 1118 10 Aug 2002
 Last Stored: 1122 10 Aug 2002
 Verified By: MICHAEL K. ENGELKEN, M.D.

NEWBORN ADMISSION PHYSICAL EXAM

Admission Exam Date: 08/10/2002
 General Appearance Term
 Skin: Satisfactory
 Head, Neck: Anterior fontanel soft and flat
 Eyes Red reflex positive
 E N T. Satisfactory
 Thorax: Satisfactory
 Lungs Clear
 Heart Without murmur
 Abdomen: Without masses
 Genitals: Normal male
 Trunk & Spine: Satisfactory
 Extremities: Satisfactory
 Neurologic Reflexes Satisfactory
 Anus: Meconium
 Other Abnormalities: None evident
 Diagnosis Term AGA male infant
 Verified By: M. ENGELKEN, MD
 Date: 08/10/2002
 Time: 1122

01327

MONTGOMERY

ClinComp, Inc.

Page 1 of 1

printed Mon Aug 12 19 20

PRINTED BY: SL111

DATE: 2/17/03

NEWBORN MATURITY RATING & CLASSIFICATION

ESTIMATION OF GESTATIONAL AGE BY MATURITY RATING
 TAYLOR, BABY 80 Symbols X - 1st Exam O - 2nd Exam
 08/09/02 2210 7-11820-1 515542
 ENGELKEN, MICHAEL K
 08/09/02 00 M

Side 1

Gestation by Dates 39+ wks

Birth Date _____ Hour _____ am/pm

APGAR _____ 1 min _____ 5 min

NEUROMUSCULAR MATURITY

	-1	0	1	2	3	4	5
Posture							
Square Window (wrist)							
Arm Recoil							
Popliteal Angle							
Scarf Sign							
Heel to Ear							

MATURITY RATING

score	weeks
-10	20
-5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

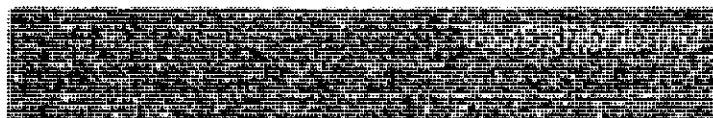
PHYSICAL MATURITY

Sign	stinky, friable; transparent	gelatinous; red; translucent	smooth; pink; visible veins	superficial peeling; blotchy; few veins	cracking; pale areas; raw veins	parchment; deep cracking; no vessels	leathery; cracked; wrinkled
Lanugo	none	sparse	abundant	thinning	few areas	mostly bald	
Plantar Surface	heel-ice 40-50 mm. -1 <40 mm. -2	>50 mm. no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole	
Breast	imperceptible	barely perceptible	flat areola, no bud	stippled areola, 1-2 mm bud	colored areola, 3-4 mm bud	full areola, 5-10 mm bud	
Eye/Ear	lids fused loosely -1 tightly -2	lids open; pinna flat; stays folded	sl. curved pinna, soft; slow recoil	well-curved pinna, soft but ready recoil	folded pinna; instant recoil	thick cartilage, ear stiff	
Genitals Male	scrotum flat; smooth	scrotum empty; faint rugae	testes in upper canal; rare rugae	testes descending; few rugae	testes down; good rugae	testes pendulous; deep rugae	
Genitals Female	clitoris prominent; labia flat	prominent clitoris; small labia minora	prominent clitoris; enlarging labia	majora & minora equally prominent	majora large; minora small	majora cover clitoris & minora	

SCORING SECTION

	1st Exam=X	2nd Exam=O
Estimating Gest Age by Maturity Rating	<u>38+</u> Weeks	_____ Weeks
Time of Exam	Date _____ am/pm	Date _____ am/pm
Age at Exam	_____ Hours	_____ Hours
Signature of Examiner	<u>M. Engelken</u> M.D./R.N.	_____ M.D./R.N.

Scoring system: Ballard JL, Khoury JC, Wedig K, Wang L, Eilers-Walsman BL, Lipp R. New Ballard Score, expanded to include extremely premature infants. J Pediatr 1991;119:417-423



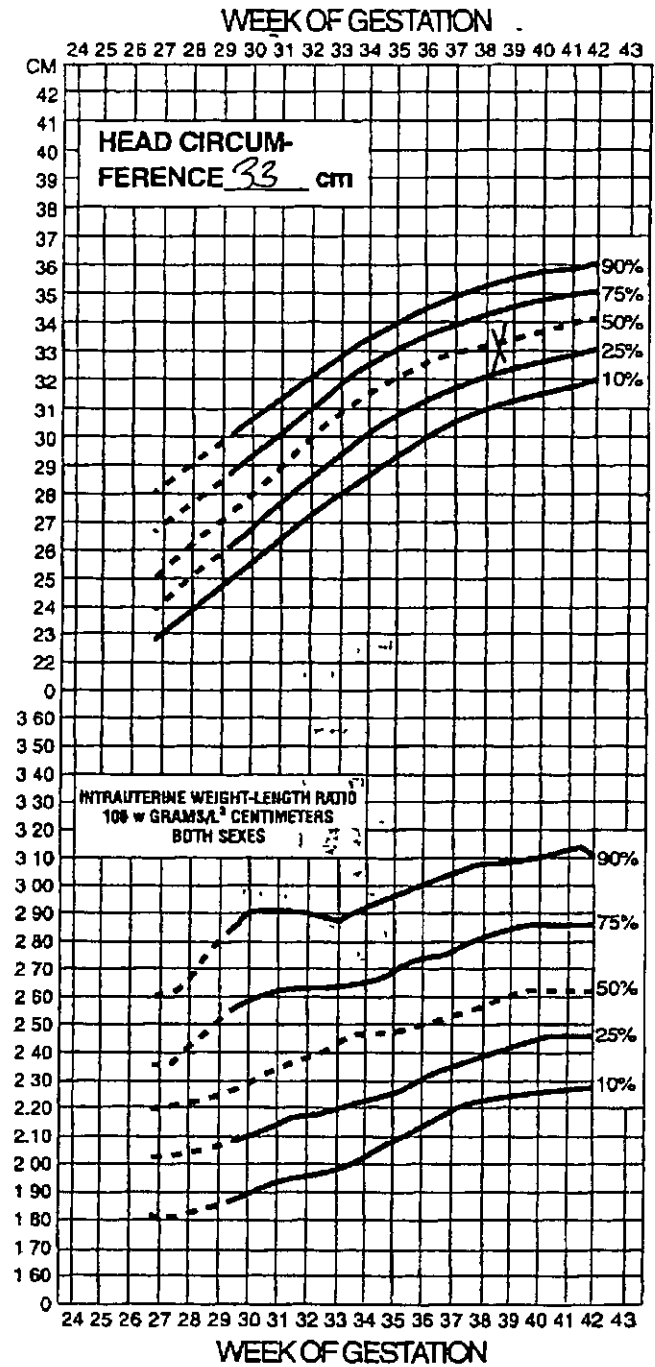
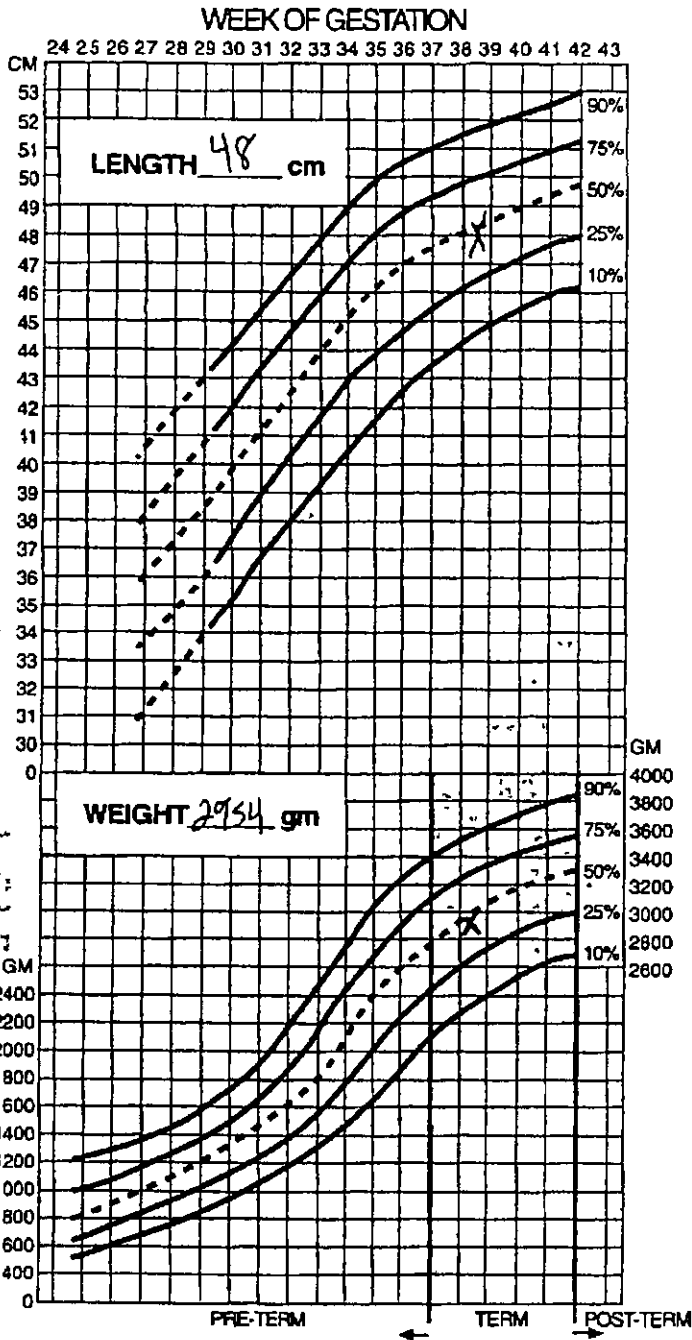
PRINTED BY: SLT

DATE: 2/27/03

01328

**CLASSIFICATION OF NEWBORNS -
BASED ON MATURITY AND INTRAUTERINE GROWTH**
Symbols. X - 1st Exam O - 2nd Exam ..

Side 2



	1st Exam (X)	2nd Exam (O)
LARGE FOR GESTATIONAL AGE (LGA)		
APPROPRIATE FOR GESTATIONAL AGE (AGA)	X	
SMALL FOR GESTATIONAL AGE (SGA)		
Age at Exam	hrs	hrs
Signature of Examiner	<u>M. B. D. M.</u> M.D./R.N.	M.D./R.N.

Adapted from Lubchenco L.O., Hansman C., and Boyd E. *Pediatr* 1966;37:403, Battaglia FC, and Lubchenco L.O. *J Pediatr* 1967;71:159.

TAYLOR, BABY BOY
08/09/02 2210
7-11820-1 515542
ENGELKEN, MICHAEL K
05/09/02 00 M

7118201

**PEDIATRIX NEWBORN HEARING
SCREEN RESULTS**

☒ WBN ☐ NICU/ICN ☐ OP
☐ OTHER

Birth Hospital

Star

Infant Name:

Kleine, Justin
(Last) (First) (MI)

Primary Care Provider

Engelken

Mother's Name: Bonnie Taylor

The following are auditory risk indicators for use as a resource by the the primary care physician from Section III E of "Principles & Guidelines for Early Hearing Detection & Intervention Programs, Joint Committee on Infant Hearing 2000 Position Statement," Audiology Today, August 2000, Special Issue.

Birth through age 28 days

- ♦ An illness or condition requiring admission of 48 hours or greater to a NICU
- ♦ Stigmata or other findings associated with a syndrome known to include a sensorineural and or conductive hearing loss
- ♦ Family history of permanent childhood sensorineural hearing loss
- ♦ Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal
- ♦ In-utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella.

Age 29 days through two years

- ♦ Parental or caregiver concern regarding hearing, speech, language, and or developmental delay
- ♦ Family history of permanent childhood hearing loss
- ♦ Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.
- ♦ Postnatal infections associated with sensorineural hearing loss including bacterial meningitis
- ♦ In-utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
- ♦ Neonatal indicators-specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECMO)
- ♦ Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome
- ♦ Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome
- ♦ Head trauma.
- ♦ Recurrent or persistent otitis media with effusion for at least 3 months

Recommendations

☐ Pass. No further evaluation needed unless additional risk factors are identified by the primary care physician

☒ Refer: Schedule further audiological evaluation for 2-4 weeks following screening.

Date 8/11/02

Screened by [Signature]

Pediatric Physician/NNP
Yellow-Pediatrics

White-Chart

Form CR- 10/2000

Legal Approved 10/2000

PRINTED BY: SL11

DATE: 2/17/03

01330

HEARING SCREENING PROGRAM

7118201

TAYLOR, BABY BOY
08/09/02 2210
7-11820-1 515542
ENGELKEN, MICHAEL K
08/09/02 00 M

57

Dear Parent,

Did you know?

- The 1999 American Academy of Pediatrics (AAP) Task Force endorses universal newborn hearing screening. Currently many states have mandates/proposals in place for universal hearing screening.
- Newborn and infant hearing loss is estimated to occur in 2-3 per 1,000 births
- Fifty percent of infants with hearing loss and deafness are *normal, full-term babies*.
- Infants can be fitted for hearing aids as early as *1 month of age*.
- Hearing problems typically are not detected until a child normally learns speech, at two to three years of age.
- Detecting hearing problems at birth may help prevent the occurrence of developmental and social problems later in childhood (if not detected).
- Hearing screening can be performed after birth and takes only a few minutes.
- The screen causes no discomfort to the infant. In fact, the infant should be quietly asleep during the hearing screen.

How do you screen my baby for hearing?

- Jelly buttons are placed on your infant's head, and earmuffs are placed over both ears. Soft clicks are played in your infant's ears. The jelly buttons pick up brainwaves from the response to the clicks played in your infant's ears. Your infant is screened for tones at the level of speech.
- Your infant will receive *pass/refer* results
- If your infant requires further testing and evaluation, your newborn's physician or Pediatrix Medical Group will assist you with arrangements for follow up evaluation. Intervention is dependent on the type of hearing impairment present.

Does your family have history of early hearing loss?

☒ Yes

☐ No

If you have any questions and would like further information, please feel free to ask the Pediatrix Medical Group representative.

Baby's Name: Justin Taylor
DOB: 8-9-02

MR#: 515542
Birth Hospital: Stor

Bonnie J. Taylor
Parent or Guardian signature

8-10-02
Date

☒ Yes, I want my infant to be screened for hearing. The purpose of this screen is to evaluate my infant's hearing ability. Insurance companies are recognizing the importance of hearing screens, but reimbursement for screening still depends largely on the insurance plan, and I may be responsible for payment. (Hearing screens may be supported and paid by State Medicaid). In order to verify my insurance coverage, I will advise my insurance carrier that the Hearing Screening procedure code is 92586.

☐ No, I do not want my infant to be screened for hearing. I release the hospital, my newborn's physician and Pediatrix Medical Group from any liability by making this decision to decline a hearing screening for my infant. I accept the responsibility for choosing not to have this screening performed.

Concern for hearing should not stop at birth. Some children may develop *delayed-onset-hearing loss*. For infants with identified indicators associated with delayed-onset hearing loss, ongoing monitoring and evaluation will be necessary.

White-Chart
Yellow-Pediatrix
Pink-Parent

Form PLC-1/2002
Legal Approved 1/2001

7118201

HEARING SCREENING CONSENT TO RELEASE INFORMATION

I understand that different healthcare related professionals and organizations provide various services and benefits in support of their role to deliver effective health care services to the public. Certain of these professionals and organizations require information on infant hearing screening test results in order to provide such services and benefits. By signing this form, I understand that I am consenting to the release by PMG ("Referring Entity") of hearing screening test results information about the infant named below.

I, Bonnie J. Taylor certify that I am the:
(Print Name)

☒ Parent ☐ Guardian ☐ Other Legally Authorized Representative

of the infant named below and consent to the release of infant's hearing screening test results information to be provided to:

☒ Audiologist(s) ☐ Children's Specialty Services
☐ State of _____, Department of Health or other appropriate Division
☐ Other _____

Topoka ENT
333-0500

I consent to the release of this information for Data Collection, Tracking Purposes, Service Coordination and/or Treatment Planning

I reserve the right to withdraw this consent at any time by providing written notification to the Referring Entity, subject to release of information required by regulation or law

Print Name of Infant: Justin Jo lee Kleiner (Taylor)

Address of Infant: 301 3rd Ash

Infant's Date of Birth: 8-9-02

Bonnie J. Taylor
Signature of Consenting Individual

8-10-02
Date

[Signature]
Signature of Witness

White - Chart Yellow - Pediatric Pink - Parent

Form CRI-4/99

STORMONT-VAIL HEALTH CARE LABORATORY
DISCHARGE REPORT

PATIENT: TAYLOR, JUSTIN J. DOB 08/09/2002 WARD: NSY Rm. 57
HOSP#: H7118201 Age: D2 ATT DR: ENGELKEN MICHAEL
MRN: H515542 Sex: M

BLOOD BANK

Blood Type
Previous Transfusion

TEST ORDERS

Order# 56091498 req. 08/09/02 22 20 by ENGELKEN MICHAEL K
col 08/09/02 22 00

Test results

Cord ABO, RH, DAT	-	
Cord blood ABO	: O	08/10/02 08:38
Cord blood Rh	: POS	08/10/02 08:38
Cord blood DAT	NEG	08/10/02 08:38

KEY FOR RESULTS: + - REPORTED FIRST TIME, NEG - NEGATIVE, POS - POSITIVE
Adverse Reaction Code - See Separate Report Form

BLOOD BANK

Mark S Synovec, M D. Medical Director, SVHC Laboratory

PATIENT: TAYLOR, JUSTIN J

PRINTED: 08/11/2002 19:23

Page: 1



KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

JANET SCHALANSKY, SECRETARY

LYNDON SRS
715 WASHINGTON
P.O. BOX 130
LYNDON, KS 66451-0130
785-828-4491
785-828-3137 fax

February 13, 2003

Stormont Vail Regional Health Center
Medical Records
1500 S W 10th Avenue
Topeka, KS 66604-1353

RE: Justin Jo Lee Kleiner
DOB: 8-9-02

Dear Medical Records Clerk.

Justin Jo Lee Kleiner (DOB 8-9-02) was placed into the custody of the Lyndon, Kansas Department of Social and Rehabilitative Services (SRS) on 2-12-03. Justin is the child of Teddy Kleiner and Bonnie Taylor. Due to physical and medical neglect, Justin was removed from their care and placed into foster care. In order for SRS to appropriately provide for Justin's medical needs, SRS is in need of any medical records that your facility may have pertaining to Justin Jo Lee Kleiner. According to parents, Teddy Kleiner and Bonnie Taylor, Justin was born at Stormont Vail on 8-9-02 by caesarian section. Enclosed is a release of information and the journal entry provided from the court which indicates that Justin has been removed from his home. Should you have any questions pertaining to this request, please contact me at 785-828-4491. Thank you in advance for your cooperation in this request.

Sincerely,

Rhonda Gales
Rhonda Gales, LBSW
Social Worker

cc. James Campbell, GAL
Gary Foiles, County Attorney
Judge J. Stephen Jones
Farm, Inc
file

01335

99167

P/1:5P

KLEINER, JUSTIN J L

08/31/02 08:40p

DOB:08/09/02 AGE: 8 SEX:M HOME:918-856-0674

CARLS TREE SERVICES

SELF PAY

LYNDON SRS

FEB 21 2003


MedCenter

www.medcenterOK.com

2929 South Garnett Rd • Tulsa, Oklahoma 74129
(918) 665 1520 • Fax 663 8435 • W/Fax 665 2326

P A T I E N T H I S T O R Y	Temp 97.8	Pulse 160	Res 40	BP	Gait Norm <input checked="" type="checkbox"/> Abn <input type="checkbox"/>	Tetanus Sene YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Last Inj NA	Weight 81.25	Allergies <input checked="" type="checkbox"/> None
	ONSET DATE. 8-27-03				CONTRACEPTION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PREGNANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICATIONS <input checked="" type="checkbox"/> NONE
	CHIEF COMPLAINT. 22d old - thick white tongue coating - no problem eating.				SMOKER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
P H Y S I C A L E X A M	Name / Time Kit normals → <input checked="" type="checkbox"/> ALERT <input checked="" type="checkbox"/> PERL <input checked="" type="checkbox"/> CONJ LIDS <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> NOSE EARS <input checked="" type="checkbox"/> DIGITS <input checked="" type="checkbox"/> SKIN INSPECT <input checked="" type="checkbox"/> SKIN PALPATE <input checked="" type="checkbox"/> MOOD AFFECT <input checked="" type="checkbox"/> MEMORY <input checked="" type="checkbox"/> RECENT REMOVE <input checked="" type="checkbox"/> ↓ abnormalities → Active, no focus								
	<input checked="" type="checkbox"/> LUNGS AUSC thick white coating to oral mucosa & satellite lesions				NEURO - DTR'S <input type="checkbox"/>				
	<input type="checkbox"/> EFFORT				SEN S <input type="checkbox"/>				
	<input type="checkbox"/> CV AUSC				CN S <input type="checkbox"/>				
	<input type="checkbox"/> PALP				GU FEMALE				
	<input type="checkbox"/> ABD TENDER				EXT <input type="checkbox"/> SCROTAL				
	<input type="checkbox"/> ORGANS				CX <input type="checkbox"/> PENIS				
					UT <input type="checkbox"/> RECTUM				
					AD <input type="checkbox"/>				

Scribe Name

ORDER	INTERPRETATION	DIAGNOSIS	CODE
1		Thrush	
2			
3			
4			

MEDICATION	PK	RX	Ini	PK	RX	Ini
1 Mycostatin						
2						
3						
4						
5						

SUPPLIES AND TESTS	INSTR. AND PT. ED SHEETS
1	1 PK / TX
2	2
3	3
4	4

MEDS, TXS, PROCEDURES, P.T.	Initial
1	
2	
3	
4	

SPECIAL INSTRUCTIONS / NURSE CALLS	FOLLOW UP	REFERRAL
	Date or # of Days 12	Time AMP
	Return to MedCenter	EMSA <input type="checkbox"/> Hospital
	Return for Phys Ther	Doctor
	Return if not better by	Appt. AM
	WORK/SCHOOL NOTE	
	<input type="checkbox"/> Off Work or School Until	
	<input type="checkbox"/> Able to Work With Restrictions	
	(See Codes on Reverse) A B C D E F G H I J K L M N O P Q I	
	Other	
	<input type="checkbox"/> Able to Work/School F/U Call	Time / Date

I acknowledge receipt of treatment and instructions and understand the same	Signature (Patient or Guardian)	Signature
	[Signature]	[Signature]

AC-2 PVT 4/00

Case 4:12-cv-08001-GAE Document 15 Filed 08/03/15 Page 34 of 39

If symptoms worsen or for any problems call MedCenter 665-1520 After 10 pm call Saint Francis Emergency Dept. 494-1225

SIGNATURE

01336

LYNDON SRS

FEB 21 2003

MedCenter 2929 South Garnett • Tulsa, OK 74129-5195 • (918) 665-1520 • Fax 663-8435 • W/C Fax 665-2326
www.medcenterOK.com

PATIENT NAME: Justin Jo Lee Klewer**FAMILY HISTORY**

	FATHER	MOTHER	SIBLINGS
Cancer	NO	NO	NO
Diabetes	NO	NO	NO
Heart Disease	NO	NO	NO
High Blood Pressure	NO	NO	NO
Lung Disease	NO	NO	NO
Kidney Disease	NO	NO	NO
Arthritis	NO	NO	NO

Other (Explain) Father Blind in left eye

PREVIOUS SURGERY: None**SOCIAL HISTORY****MARITAL STATUS:**

- ☒ Single
☐ Married
☐ Divorced
☐ Widowed

EMPLOYMENT:

Employer _____

Position _____

EDUCATION:

High School _____

College _____ Post Grad _____

MEDICAL HISTORY / SYSTEMS REVIEW

HAVE YOU EVER HAD (Explain all "yes" answers below)

GENERAL

- Yes ~~No~~
- ☒ ☒ 1 Allergies, hay fever, rashes
- ☐ ☒ 2 Sensitivity to chemicals, dust, etc
- ☐ ☒ 3 Diabetes, cancer, thyroid disorder, tumors or cysts
- ☐ ☒ 4 Anemia or bleeding tendencies
- ☐ ☒ 5 Drug/narcotic use
- ☐ ☒ 6 Alcohol use (Weekly amt _____)

EARS, EYES, THROAT

- ☐ ☒ 7 Impaired vision or hearing
- ☐ ☒ 8 Frequent infection of ears, throat, sinuses
- ☐ ☒ 9 Ever worked on noisy job or exposed to excessive noise

RESPIRATORY

- ☐ ☒ 10 Lung or bronchial disease, chronic or daily cough, coughing up blood
- ☐ ☒ 11 Asthma, pneumonia, emphysema

CARDIOVASCULAR

- Yes No
- ☐ ☒ 12 Heart trouble, chest pain or tightness
- ☐ ☒ 13 High blood pressure, abnormal pulse, abnormalities of the arteries or veins

DIGESTIVE

- ☐ ☒ 14 Ulcer, chronic diarrhea, jaundice or other disease of the stomach, intestines, liver, gall bladder or rectum

URINARY TRACT

- ☐ ☒ 15 Stones or infections in kidney, bladder, prostate or any other problems in the urinary tract
- ☐ ☒ 16 Hernia

NEUROLOGIC

- ☐ ☒ 17 Strokes, epilepsy, convulsions, loss of consciousness, paralysis, or frequent dizzy spells
- ☐ ☒ 18 Nervous or mental disorder, severe or frequent headaches or other problems with brain or nervous system

EXPLANATION

Question #	EXPLANATION
<u>2</u>	<u>Sneezes often and Breathing rough sounding at night</u>
<u>7</u>	<u>Failed Hearing test in left ear, rescheduling another</u>



www.medcenterOK.com

LYNDON SRE

FEB 21 2003

☐ 2929 South Garnett • Tulsa, Oklahoma 74129-5195 • (918) 665-1520 • Fax 663-8435 • W/C Fax 665-2326

Thank you for choosing MedCenter for your healthcare needs. We will make every effort to get you back to see the doctor as quickly as possible. However, patients may not be treated on a first come first served basis depending on the nature of their illness or injury and the availability of specific treatment rooms.

PATIENT INFORMATION

PATIENT NAME Kleiner Justin J.L. DATE OF BIRTH 8-9-02
Last First MI

AGE 1 month SEX M RACE W SOC SEC # no Soc # yet HOME PHONE 856-01674

MAILING ADDRESS 1212 E Independence B Tulsa OK 74106
Street Apt Number City State Zip

E-MAIL ADDRESS _____

EMPLOYER Carls Tree Service 200 E 61st N 425-5052 or 402
Name Address Phone # 0501

NAME OF NEAREST FRIEND OR RELATIVE NOT LIVING IN YOUR HOME Brandy Perkey 636-286
Phone #

WHAT MEDICAL PROBLEM ARE WE SEEING YOU FOR TODAY? Thrush

POLICYHOLDER OF INSURANCE / RESPONSIBLE PARTY

NAME Teddy Kleiner SOCIAL SECURITY # 448-76-1551

ADDRESS _____
Street Apt Number City State Zip

EMPLOYER _____ EMPLOYER PHONE NUMBER _____

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY _____
Address Phone #

INSURED'S NAME _____ EMPLOYER _____

GROUP # _____ ID # _____ COPAY AMOUNT 88

Payment is expected at time of service, unless previous arrangements have been made. We will file your insurance for you as a convenience if you have provided us with all required insurance information.

METHOD OF PAYMENT: CHECK _____ CASH ☒ CREDIT CARD _____ OTHER _____

RELEASE OF INFORMATION: I hereby authorize MedCenter to release to my insurance carrier any information necessary for processing payment for medical services by MedCenter.

SIGNED Teddy Kleiner DATE 8-31-02



KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

PA
99167

JANET SCHALANSKY, SECRETARY

LYNDON SRS
715 WASHINGTON
P.O. BOX 130
LYNDON, KS 66451-0130
785-828-4491
785-828-3137 fax

LYNDON SRS
FEB 21 2003

February 13, 2003

Med Center
Dr. Jefferson Lloyd
2929 S Garnett Road
Tulsa, OK 74129-5101

RE: Justin Jo Lee Kleiner
DOB: 8-9-02

Dear Dr. Lloyd:

Justin Jo Lee Kleiner (DOB 8-9-02) was placed into the custody of the Lyndon, Kansas Department of Social and Rehabilitative Services (SRS) on 2-12-03. Justin is the child of Teddy Kleiner and Bonnie Taylor, who until 2-7-03 were residents of Tulsa, Oklahoma. Due to physical and medical neglect, Justin was removed from their care and placed into foster care. In order for SRS to appropriately provide for Justin's medical needs, SRS is in need of any medical records that your office may have pertaining to Justin Jo Lee Kleiner. According to his father, Teddy Kleiner, he should have been seen at the Med Clinic on 8-31-02 and 9-6-02. Enclosed is a release of information and the journal entry provided from the court which indicates that Justin has been removed from his home. Should you have any questions pertaining to this request, please contact me at 785-828-4491. Thank you in advance for your cooperation in this request.

Sincerely,

Rhonda Gales, LBSW
Social Worker

cc. James Campbell, GAL
Gary Foiles, County Attorney
Judge J. Stephen Jones
Farm, Inc
file

01339

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Regarding

Last Name <u>Kleiner</u>	First <u>Justin</u>	Middle <u>JO Lee</u>	<u>8/9/02</u> Date of Birth
Maiden name or other names known by			<u>512-21-8383</u> Social Security Number

(we) Rhonda Gales authorize the following information to be disclosed as indicated below (PLACE YOUR INITIALS TO THE LEFT OF EACH ITEM APPROVED)

Information to be released from	Information to be released to
<u>RG</u> The Department of Social and Rehabilitation Services (SRS) School District USD # _____	<u>RG</u> The Department of Social and Rehabilitation Services (SRS) School District USD # _____
<u>RG</u> Medical practitioner, clinic, center or facility <u>Dr. Jefferson Lloyd / Med Clinic</u>	<u>RG</u> Medical practitioner, clinic, center or facility <u>Dr. Jefferson Lloyd / Med Clinic</u>
_____ Mental health practitioner, clinic, center, or facility	_____ Mental health practitioner, clinic, center, or facility
_____ Social Service agency or provider	_____ Social Service agency or provider
_____ Other _____	_____ Other _____

Information to be released (PLACE YOUR INITIALS TO THE LEFT OF EACH ITEM APPROVED)

- _____ All Information necessary to provide services requested
_____ Academic, achievement or aptitude evaluations and recommendations
RG Social, behavioral, psychological, mental or medical histories and evaluations
RG Diagnostic and treatment progress and prognoses
RG Results of previous treatment
_____ Other (specify) _____

The purpose or reason for the release is: (Optional. If no purpose is stated, all lawful purposes are assumed)

To obtain accurate medical history on Justin so he may be properly cared for while in foster care.

Read before signing

I understand that the information which I have authorized to be disclosed will be used for the purpose(s) stated. I acknowledge that it is my responsibility to be aware of any rights of confidentiality which I may have regarding the information which I am releasing and that by signing this consent I am waiving my rights, if any, to confidentiality for purposes which I have approved

If I have authorized the release of information to a person or agency providing services under contract with SRS, I have also authorized release of the information to any person or agency providing that service under sub-contract.

his consent may be revoked in writing at any time prior to any action which has been taken in reliance upon it. This consent expires upon date) 8-13-03

Signature of person(s) giving consent Rhonda Gales, LBSW Date 2-13-03

Relationship to person whose information is being released SRS Social Worker Date _____

01340

MONTGOMERY

